

State of California—Health and Human Services Agency  
**Department of Health Services**



**GRAY DAVIS**  
Governor

July 12, 2002

Executive Director

This letter serves as notification of **ADVANCE PAYMENT REQUEST PROCEDURES** for the Indian Health Program (IHP) for Fiscal Year (FY) 2002-2003. Grantees may request an advance payment not to exceed 25 percent of the clinic's total award based on the award notification in accordance with Health and Safety Code Section 124525. The request for an advance for use in the first quarter of FY 2002-2003 (July, August, September) can be submitted in letter format. A sample letter is included. The letter must be forwarded using corporate letterhead and must be signed by an individual authorized to bind the corporation. Approval of advances for FY 2002-2003 is contingent upon the following conditions:

1. The clinic must have submitted invoices in the approved format for all contract years through June 2002.
2. The clinic must have submitted all monthly reports in the approved format through May 2002.
3. The clinic must have submitted the required independent audit report referenced in Exhibit "A" of the fiscal year 2001-2002 grant.
4. The corporation must be in good standing with the Secretary of State.
5. The grantee shall repay the full amount of any outstanding advance if the grant is not fully approved.

Please note that documentation of actual costs will be applied to the final line item budget approved in the Indian Health Program, Request for Application (RFA). It is recommended that tracking of costs to the IHP budget continue as per the previous year.



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714 P Street, Room 599, Sacramento, CA 95821  
(916) 657-2771

Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

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Instructions for invoicing and reconciliation procedures have been forwarded under separate cover. Your patience throughout this process is appreciated.

Note that a fully executed grant is required to process an advance payment request.

Please feel free to call the Indian Health Program at (916) 657-2771, should you have any questions.

Sincerely,

Sandra "Sam" Willburn  
Acting Chief  
Primary & Rural Health Care Systems Branch  
Indian Health Program  
Primary Care and Family Health

Enclosure

cc: Fiscal Officer

## CORPORATE LETTERHEAD

SAMPLE

Date

Sandra (Sam) Willburn  
Chief  
Primary and Rural Health  
Care Systems Branch  
Department of Health Services  
Indian Health Program  
714 P Street, Room 550  
Sacramento, CA 95814

Re: Advance Payment Request FY 2002-2003

Dear Ms. Willburn:

This letter requests an advance payment for the amount of **(enter up to 25 percent of clinic award here)** for the period July 1, 2002 through September 30, 2002.

The payment is requested pursuant to Health and Safety Code Section 124525. The payment shall be expended in accordance with the FY 2002-2003 line item budget approved by the Indian Health Program. I fully understand and will adhere to the provisions of Health and Safety Code Section 124525. I understand **(enter corporate name here)** shall repay the full amount of any outstanding advance if the grant is not fully approved.

Sincerely,

Name  
Title